

**SYSTEM OF CARE IN
NORTH CAROLINA**

Handbook

FOR PARENTS



Support

Information

Helpful Tools

Answers

Examples

Contents



The System of Care 1

What the System of Care is

How families are involved in the System of Care

Mental Health Care 5

Benefits of mental health services

Kinds of mental health services



Child and Family Teams 10

What CFTs do

How CFTs work

Child and Family Plans 14

The purpose of Child and Family Plans

How Child and Family Plans are developed

Sample plans



Child and Family Team Meetings 21

The steps of a Child and Family Team meeting

How to get ready for Child and Family Team meetings

Family Strengths 28

How to discover your family's strengths

How information about family strengths is used in planning



Team Strengths 31

Why and how to discover the strengths of your CFT

Advocacy 33

How to be a better advocate



| | |
|---|-----------|
| Good Communication | 35 |
| Tips for being an assertive, effective communicator | |

| | |
|--------------------------------|-----------|
| Writing Letters | 39 |
| Why you should write letters | |
| What you should put in letters | |
| Sample letters | |

Part 2: Individual Education Programs



| | |
|-------------------------------|-----------|
| IDEA: Public Law | 47 |
| What the Law means | |



| | |
|--|-----------|
| Evaluation in the IEP Process | 49 |
| Why children are evaluated | |
| Children's and parents' rights in the evaluation process | |

| | |
|----------------------------------|-----------|
| The IEP Process | 54 |
| Steps from referral to placement | |

| | |
|---------------------------------|-----------|
| Understanding IEPs | 56 |
| Writing an IEP | |
| The contents of an IEP | |



| | |
|-----------------------------------|-----------|
| When You Don't Agree | 64 |
| How you can appeal a decision | |

Appendices

| | |
|----------------------------------|----|
| Files Checklist | 69 |
| Phone Numbers Form | 70 |
| Agencies and Organizations | 72 |
| Acronyms | 76 |
| Words to Know | 81 |



Welcome

The goal of the System of Care in North Carolina is to join families, community members, and public and private service providers in teams to serve children with serious emotional disturbances and their families. The System of Care model views families as full partners on teams that plan, deliver, and monitor services. It builds on the strengths of each child and family and uses both formal and informal resources to develop plans that address their unique needs.

As we develop the System of Care, we are discovering that everyone involved has questions about how to write plans, run meetings, ensure that services are appropriate and based on the strengths of each child and family, and maximize the use of available resources. The information in this book answers those questions and more.

The North Carolina System of Care model provides a common set of principles and goals for local services in communities across the state. Those principles and goals set a high standard for service delivery in each community without implying that the model should be applied the same way in every community. System of Care practice looks different in each community because it is based on the needs of the families in those communities. This handbook provides basic information about the general System of Care process. You may find that answers to questions and examples in this handbook do not exactly match the System of Care in your community. You will probably notice minor differences in procedures, policies, and formats in your community.

The contents of this handbook are based on questions and topics suggested by parents, advocates, and professionals involved in North Carolina's System of Care. We would like to thank everyone who contributed ideas and helped develop and review these materials. This handbook is just one example of the many tools the projects are providing to help us all make the System of Care a success. We hope that parents who use this handbook find it to be a helpful tool to support them as partners in the System of Care.

This handbook was written and produced by
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for the North Carolina Department of Health and Human Services,
Division of Mental Health, Developmental Disabilities, and
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3509 Hayworth Avenue
Raleigh, NC 27609
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Raleigh, NC 27699-3015



Introduction

What is in this handbook?

This handbook is about your role as a partner in the System of Care. It answers questions you may be asking about how to get the right kind of services for your child. It tells you what you need to know in order to be an active team member in the System of Care and an effective advocate for your child.

Who should use this handbook?

This handbook is for parents who are taking an active role as partners in the System of Care. Parents can share the information with friends, advocates, teachers, agencies, professionals, and community leaders who help families plan and deliver services for their children.

How can this handbook be helpful to me?

This handbook answers questions and gives information. It is also a workbook to help you think about how the information applies to your family and to help you plan for meetings.

Where can I get more information?

There is a list of helpful agencies and organizations in the appendix of this handbook. You can call any of those agencies for more information. Your family advocate can help you get more information. You can also talk to teachers at your child's school for information about how the school can help.



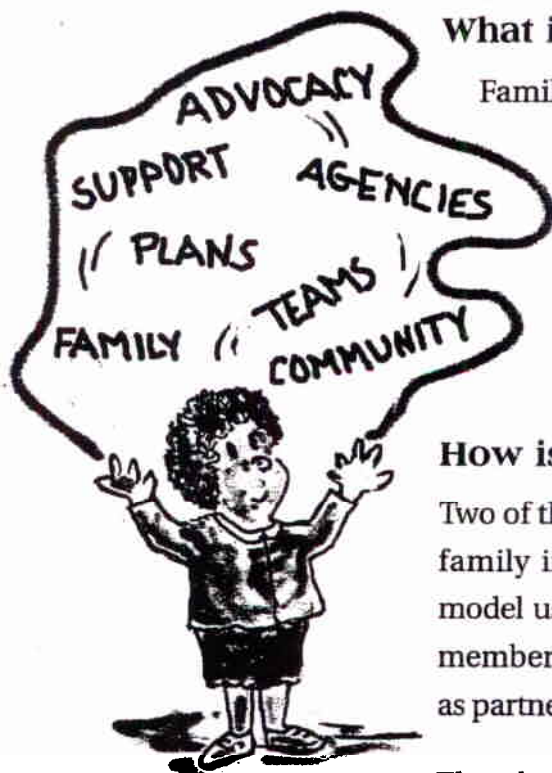
The System of Care

What is the System of Care (SOC)?

The System of Care in North Carolina is an organized network of services and supports that helps children with serious emotional problems and their families get the services they want and need. The System of Care model views families as team members, working side by side with professionals and community members to plan, deliver, and monitor services. This model builds on the personal strengths of each child and family and uses both formal and informal resources to develop plans that address their unique needs.

What is the role of families?

Families are at the center of the System of Care. They are partners with agencies, schools, and others in the community and have a strong voice on teams that make decisions about services. Families inform team members about their strengths and values, and they advocate for their children and themselves.



How is this model different?

Two of the key ways this model is different are the amount of family involvement and the focus on family strengths. This model uses the personal strengths of the family and other team members to plan and deliver services, and it involves families as partners on teams that plan services and make decisions.

The chart on page 4 describes various service models and their different levels of family involvement.

How can I be successful as a partner in planning my child's care?

Professionals everywhere are realizing more and more that parents are the real experts when it comes to their children. As you work with mental health professionals, community members, school staff, and others, you will become aware of the strengths and knowledge you bring to the team. Here are some thoughts to keep in mind.

- ▶ You have important information about your child that no one else has because you know your child the best.
- ▶ One of your jobs is to let others know what your child needs.
- ▶ You can ask questions and get help whenever you want it to help you do your job on the team.
- ▶ You are part of a team that works together to solve problems and develop a plan.

What services do families get in the System of Care?

Services in the System of Care can be different for each family because they are built on the strengths of each family. The goal is to make sure that children with serious emotional problems and their families get the specific services they want and need.

Who is in charge of the System of Care?

Many agencies work together to form the System of Care. No single agency is in charge. You and your Child and Family Team make the major decisions about your child's plan and how it is carried out, so in many ways you are in charge.



How can I find out more about the System of Care?

If you want to learn more about the System of Care contact:

NC Division of MH/DD/SAS, Child and Family Services Section
3509 Hayworth Avenue
Raleigh, NC 27699
919-571-4900

FACES in Cleveland County
917 First St.
Shelby, NC 28150
704-476-4069

Families, Agencies, Community Together (FACT)
PO Box 6797
Mars Hill College
Mars Hill, NC 28754
828-689-1570

Sandhills FACES
Sandhills Center, PO Box 9
West End, NC 27376
910-673-7800

Guilford Initiative for Training and Treatment Services (GIFTTS)
Guilford Mental Health Center
UNC-G, 915 Northridge St.
Greensboro, NC 27402-6170
336-315-7474

Halifax System of Care
PO Box 1199
Roanoke Rapids, NC 27870
252-533-2667

One Venture (Smoky Mountain System of Care)
PO Box 127, 44 Bonnie Lane
Sylva, NC 28779
828-586-5501 ext.1210

Orange-Chatham System of Care
412-B Caldwell St.
Chapel Hill, NC 27516
919-913-4346



The Continuum of Family Involvement in Services



Team-Centered

This is the wraparound model. In this model, decision making is team-centered.

Team strengths and resources (which include strengths and resources of the providers, the family and the child) are identified and used to select interventions that are most likely to work.

Both planning and intervention use the combined skills and flexible resources of a diversified, committed team.

Responsibility for decisions rests with the collective power of the team.

The team works together to support each other and the family.

Family-Centered

Practice at this level of the continuum puts professionals "one step down" to the family caregiver.

The philosophy is that parents know what is best for themselves and their children.

In this approach, professionals' services exist to support parents as the primary agents in helping the child achieve his/her goals.

The family is viewed as the employer and the professional as the employee.

The professional asks, "How can I help you? How can I serve you? What do you need?"

Family-Allied

Families are viewed as the customer in the service delivery system.

Professionals try to adjust the services to meet the needs and desires of the family, which they view as their customer.

The family caregiver is viewed by providers as an equal colleague, one who has expertise and knowledge and makes choices.

Professionals and caregivers work collaboratively to address mutually agreed upon goals.

Family-Focused

Professionals view themselves as experts, with families as helpers and allies to the professionals.

The philosophy is that the professional knows best.

The relationship to the parent is to get the family caregiver to become a partner in helping the professional.

The caregiver is "one step down" because the professional makes the rules and decides the roles. The caregiver is an agent of the professional.

Professional-Centered

This model views the professional as the "expert" and the family as a hurdle to overcome in order to achieve professional goals.

The professional-parent relationship is unfriendly and adversarial. The parent is viewed as the "problem."

The attitude is that the family caregiver is someone to be "taught" or "treated."



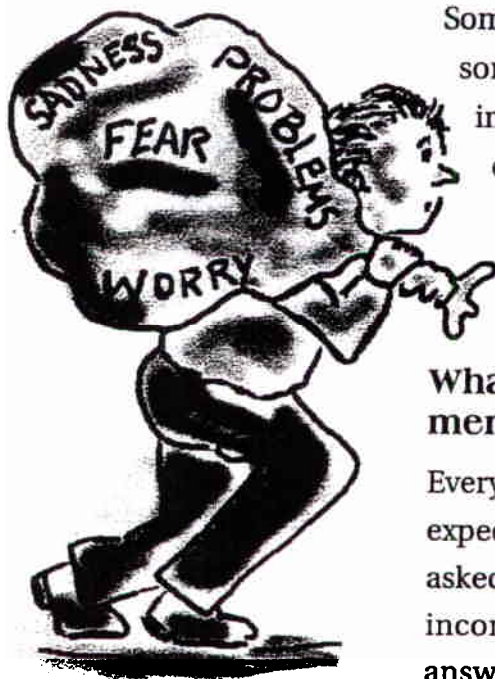
Mental Health Care

What happens when someone has mental health problems?

For children and adults alike, mental health problems are real and painful. Mental health problems can change the way any person thinks, feels and acts. Children with mental health problems may have serious school problems, feel bad about themselves, be very fearful or nervous, or use poor judgement. Poor mental health can lead to other problems like fighting, drug use, and loneliness.

What causes mental health problems?

There is no easy answer to a question about the causes of mental health problems because there can be many causes. Some of the causes are biological, some are environmental, and some are both. Biological causes are there at birth. They may involve genetics, an imbalance of chemicals in the brain, or damage to the central nervous system. Environmental causes are the events that happen in a person's life such as death of a family member, trauma, abuse, and poverty.



What can I expect if my child is referred to a mental health center for services?

Every mental health program is different, but in general you can expect the first step to be the sharing of information. You will be asked questions about your child and family, including your income. The staff will describe mental health services and answer your questions. They will also give you information about your child's rights under the law.

You will be asked to sign some forms to give permission for mental health service providers to treat your child and share information with other agencies. You will also be given information about the cost of services.

Who provides mental health services?

In North Carolina, community mental health services are provided by Area Mental Health, Developmental Disability, and Substance Abuse Programs.

When does the System of Care process begin?

If your child and family are eligible to participate in the System of Care, you can expect a case manager or team coordinator to contact you shortly after your child becomes eligible for services. That will be the beginning of the System of Care process. The process is described in this handbook.

What are the roles of mental health professionals?

Mental health professionals such as social workers, case managers, therapists, counselors, psychologists, and psychiatrists can help identify special mental health needs and help to figure out the best treatment to address those needs.



Who decides about services?

When your Child and Family Team meets, you may identify many services and resources that are needed. It is likely that your team will decide that professional mental health services are needed. A professional at the mental health center, usually a psychiatrist, must agree that the services are needed before services for your child can begin.

For You



What kind of help or services do you want or need from your mental health center?

What kinds of help can I get from the mental health center?

Each mental health center may have different services. In general, mental health programs offer testing, counseling, treatment, planning, education and training, crisis management, and case management services. The specific nonresidential and residential services that are offered by many mental health programs are described below.

Non-Residential Services

- ▶ **Prevention Services** – Programs and education to keep small problems from developing into big ones.
- ▶ **In-Home Family Services** – Education and training to help parents learn how to understand their children's problems, how to help their children, and how to cope.
- ▶ **Case Management** – A service that helps families arrange and organize their children's services from many agencies.
- ▶ **Day Treatment** – A program for children who can't manage a public school setting, usually because they need very close supervision.
- ▶ **Outpatient Treatment** – Services such as screening and counseling for children who have less severe problems and who can get along in their home setting.

Residential Services

- ▶ **Crisis Stabilization** – Children stay in a temporary, safe, stable environment when there is a crisis at home.
- ▶ **Alternative Family Living or Therapeutic Foster Care** – Children live in a home with trained foster parents. There are usually 6-10 children in the home. Mental health workers help the foster parents.
- ▶ **Supervised Independent Living** – A trained parent supervises older adolescents who live in a home or apartment. The supervisor helps the adolescents learn how to live on their own.
- ▶ **Group Living** – Children live in a group home. They are closely supervised and receive many services such as counseling and social skills training. They usually attend public school.
- ▶ **Inpatient Treatment** – Children are treated in a hospital setting where they receive psychological and medical treatment.

How can I find the right services?

In the System of Care it is not really a matter of “finding” services. Rather it is a matter of figuring out what families want and need based on each family’s strengths, culture, and values, then planning services to meet those needs. You will be part of the team that will decide what your child and family need.



For You



What questions do you have about mental health services in your community?

How can I find out more about services in my community?

There are many services available in North Carolina's System of Care. Some services are formal services you get through agencies like mental health centers, clinics, or hospitals. Some services are informal supports you get in your community from clubs, churches, recreation centers, friends, and family members. To learn more about resources for your child in your community, you can:

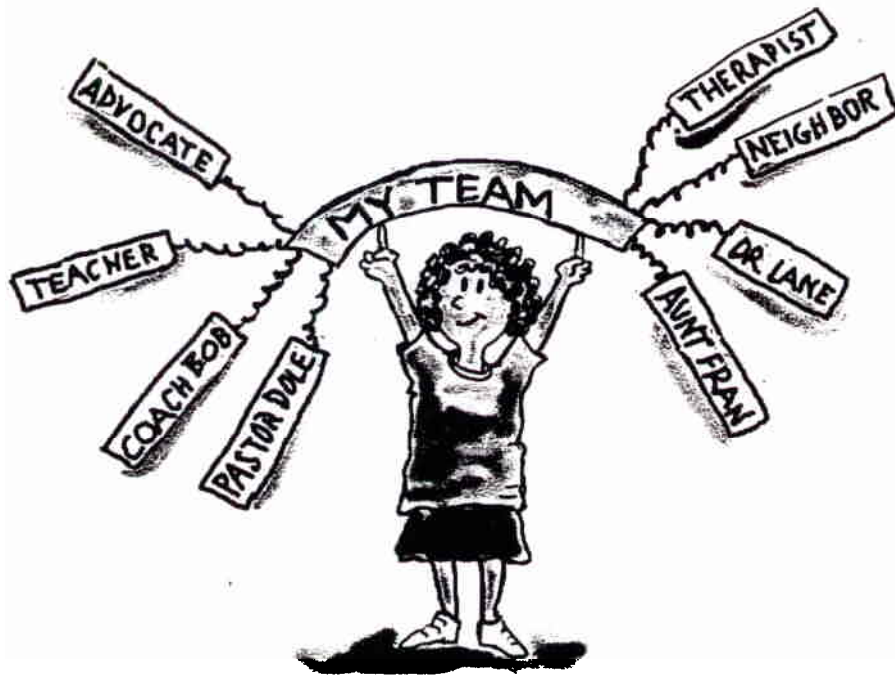
- ▶ ask your family advocate or case manager
- ▶ get referrals from professionals
- ▶ call your local parent support network
- ▶ call your local mental health center
- ▶ tell people what you want and what you think your child needs



Child and Family Teams

What is a Child and Family Team?

A Child and Family Team (CFT) is a group of people that meets with a child and family to set goals and plan services. The CFT is built around the family to make sure that each family's special needs are met. Team members work together with the family to write a Child and Family Plan based on what the family wants and needs.



Who is on a Child and Family Team?

The family is always part of the CFT. Children who are old enough to attend meetings, understand the process, and make choices can be on their own CFTs. The team can include anyone who is important in your life and who knows the strengths and needs of your child and family.

For You



Who will you ask to be on your child's CFT? List people you think will help you develop a good plan.

Team members are usually people who are part of your child's education, care, custody, or treatment, and others who know your family and lend support. They can be:

- ▶ family members
- ▶ friends and neighbors
- ▶ community members
- ▶ leaders of businesses, churches, or other groups
- ▶ teachers and other school staff
- ▶ family advocates
- ▶ service providers (doctors, social workers, case managers)
- ▶ others who know your family well

What is a family advocate?

Everyone on your Child and Family Team will be helpful and supportive, but the family advocate has a special job to guide and support you as you learn your role as a team member and become active in the System of Care. Your advocate can help you get information, choose service providers, solve problems, and get ready for meetings. Your family advocate can also help you get in touch with other parents to share ideas and experiences.

Should I ask friends to be on my CFT?

A strong team is one that has a mix of family members, friends, community members, and service providers. At least half of your team should be family members and other family supporters. No more than half of a CFT should be service providers or agency representatives.

How many people are on a CFT?

There is no set number of people on a CFT. Each team is different. Most Child and Family Teams have about 6 to 10 people, but teams can be bigger or smaller depending on what each family wants or needs.

Who chooses team members?

Families choose their team members with help from their Child and Family Team Coordinator. You can also ask your family advocate or others who know your child and family well to help you choose team members.

Does the team ever change?

Teams do change. New members can be added, and sometimes members leave the team when their help is no longer needed.

What does the Child and Family Team do?

The CFT plans services to support the child and family. The CFT checks to make sure services are working and suggests changes if the plan is not working or if different services are needed.



What is the job of the CFT Coordinator?

The Child and Family Team Coordinator has many responsibilities to help organize and manage the CFT and the planning process. Part of the coordinator's job is to set up and lead team meetings. If someone misses a meeting, the coordinator makes sure that person knows what happened at the meeting. The coordinator also makes sure everyone knows about any changes in the Child and Family Plan.

Part of the coordinator's job is to gather and share information with all team members and service providers who are working with you and your child. The coordinator also makes sure that all of the people working with you know about your Child and Family Plan and are doing their jobs to carry out the plan.

Who chooses the CFT Coordinator?

The CFT Coordinator is usually a service provider from one of the agencies that is working with you and your child. In most cases, the CFT Coordinator is also your case manager. Your family advocate and other team members can help you choose the CFT Coordinator.

Who can ask for a CFT meeting?

Any team member can ask for a CFT meeting. Because the family knows the child best and spends the most time with the child, it is very likely that the family will ask for a CFT meeting.

If there is a crisis, the family or another team member might ask for an emergency meeting. Team members who can't attend an emergency meeting share their ideas and opinions by phone.

When should I ask for a CFT meeting?

You should ask for a CFT meeting whenever you feel your child's plan needs to be changed, there is a problem to be solved, or a crisis occurs. You also might call a meeting when you want to check progress.

Example

Mrs. Patterson called a meeting because she wanted to enroll her son in an after school program that had special tutoring.



Child and Family Plans

What is a Child and Family Plan?

A Child and Family Plan is a written plan that lets team members and everyone helping your child know what is needed, what is expected, and who will do each part. It lists the people and agencies that will work with your child and family. It spells out what people will do and how, where, and when they will help.

Look over the sample pages from plans on pages 18 to 20 for examples of the kind of information included in some plans.

Who writes the Child and Family Plan?

The Child and Family Plan is written by the Child and Family Team. Team members share information and work together to write a special plan for your child and family.



Is the Child and Family Plan related to my child's Individual Education Program (IEP)?

Yes. Your Child and Family Plan is the big umbrella plan for your child. This plan should include all of the services from all agencies that support your child. The strengths, goals and needs regarding school that are in your Child and Family Plan should be built into your child's IEP.

How is a Child and Family Plan developed?

A Child and Family Plan is written in steps. The steps help everyone think about your family's strengths, the supports and services you need, and who should help your child and family.

For You



What else do you want to know about the steps for developing a Child and Family Plan?

What are the steps to develop a plan?

Step 1

Someone asks to hold a Child and Family Team (CFT) meeting. Your family chooses members of the CFT. Your team coordinator and your family advocate can help you decide who should be on the team.

Step 2

Your CFT Coordinator sets up a meeting.

Step 3

Your CFT meets to write your Child and Family Plan as well as a crisis plan. All members sign the plan to show that they agree with what it says.

Step 4

Everyone uses the plan. They do what the plan says they will do. They check to see what's working and what's not for each goal.

Step 5

The team changes the plan if changes are needed.

Step 6

The team keeps checking to make sure the plan is working.

How do I know the plan is working?

It may take a while to see results, but after most services have started, you should begin to see and feel a difference. The differences may be small at first, but in general everyone should

For You



What crisis situation have you faced with your child?



What or who helped end the crisis?



What or who did not help end the crisis?

feel organized and more in control. You will know the plan is working when you see progress toward goals.

Example

After 6 weeks, Phillip asked his Mom if he could invite a classmate home from school. This was a sign that he was making progress in his social goal to develop friendships with children his own age.

What can I do if the plan isn't working?

First of all, be patient. It may take a while for all the services to get started, then it will take time before you see any changes.

If services are not working, you can tell the agency that is responsible for the services that you are not satisfied. Each agency has its own steps to let the right people know that you want to make changes. Talk to your case manager or your family advocate to find out the best way to let the right people know your concerns.

What is a crisis plan?

Sometimes in spite of everyone's best efforts, there is a big problem that needs a special kind of immediate attention. A crisis plan tells everyone what to do to help the child and family manage a crisis situation. A crisis might be out-of-control, dangerous behavior, a reaction to medication, or getting expelled from school. The crisis plan spells out details like who to contact, where the child should go, who will take charge, and what backup services will be used to help the child.

Example from a Backup or Crisis Plan

Carl gets into serious trouble when he runs away from home. He steals cars, uses drugs, and hangs out with a gang. If Carl runs away from home:

The police will be notified immediately.

His grandfather, the person he listens to best, will work with the police to find him and talk to him.

When Carl returns, he will be put on 24-hour watch. Someone will escort him to and from school and be with him all day. He will be at home or with a parent after school.

The family will meet with the case worker and Carl's therapist to help him learn what to do when he gets the urge to run.

If these steps do not work, the team will look for a more secure living arrangement.

Why is a crisis plan important?

A crisis plan is important because it helps everyone cope in a crisis situation. A crisis plan helps everyone react quickly to keep a problem from getting worse, and it makes it possible for life to return to normal as quickly as possible.

What does a plan look like?

The next three pages are sample pages from Child and Family Plans. Your plan may look different, but the parts will be similar.



This is a sample. Your plan will be different.

| Sample Page from a Child and Family Plan | |
|---|--|
| Life Domain | Social |
| Goal | Daryl will join in group activities, play games and sports, and follow the rules when playing with his brothers and classmates. |
| Top Needs | <p>Daryl needs to learn how to participate in social activities with other children his own age both in school and at home.</p> <p>Daryl needs to learn how to share, take turns, follow rules of games, and compromise with others.</p> |
| Top Options/Strategies | <p>Daryl will join an after school club organized by the counselor and run by volunteer staff and parents. He will be encouraged to choose a club that allows him to use his strengths (writing and acting skills), maybe drama or school newspaper.</p> <p>Daryl will become a member of a local soccer team. Mr. Salton, the coach, will encourage Daryl to join, help arrange a car pool, and monitor his progress and involvement</p> <p>Daryl will be assigned a mentor to help him learn how to play better with others.</p> |
| People Responsible | Daryl , Mr. Fine (counselor), Mr. Salton (coach), mentor. |
| Where | Club activity at school. Room to be assigned. Soccer at Carter Park. |
| When | <p>Clubs will begin two weeks after the end of the first report period.</p> <p>Soccer will begin October 15. Registration is the week of October 1.</p> <p>Mentor will begin as soon as approved by the mental health center.</p> |
| Costs/Fees | <p>There is a \$10.00 registration fee for soccer.</p> <p>Mentor services will be billed to Medicaid.</p> |
| Review Date | Review each activity 3 weeks after start. |

Plan based on materials in *The Wraparound Process Training Manual* by John Vandenberg and E. Mary Grealish.

This is a sample. Your plan will be different.

| Sample Page from a Child and Family Plan | |
|---|---|
| Life Domain | Residential |
| Goal | Tyrone will live at home with his parents and sister all of the time. |
| Top Needs | <p>Tyrone needs to be drug free.</p> <p>Tyrone needs to follow family rules.</p> <p>Tyrone needs to respect his sister's privacy and understand appropriate sexual behavior.</p> |
| Top Options/Strategies | <p>Tyrone will work with a substance abuse counselor to learn how to resist drug culture and what to do if he is tempted to fall into old habits. He will continue to meet with his sex offender therapist and go to support group meetings weekly or more often as needed.</p> <p>Tyrone and his family will develop a contract that spells out the family rules, privileges he can earn for following rules, and consequences for not following rules.</p> <p>Tyrone and his sister will not be left alone in the house together. They will always be supervised by an adult.</p> |
| People Responsible | Tyrone, parents, Cheryl (sister), Mr. Decker (substance abuse counselor), Mrs. Gardner (case manager), family members, neighbors to supervise Tyrone and Cheryl as needed. |
| Where | At home. Counseling at the mental health center. |
| When | <p>Rules contract will be developed immediately.</p> <p>Therapy and counseling have begun and will be ongoing.</p> <p>Support group will begin September 20.</p> |
| Costs/Fees | Mental health services will be covered by Medicaid. All other services in this plan are free. |
| Review Date | Review contract daily for first week. Review weekly thereafter. Ongoing reports from Mr. Decker and Mrs. Gardner. |

Plan based on materials in *The Wraparound Process Training Manual* by John Vandenberg and E. Mary Grealish.

Sample Individualized Service Plan

Child/Family Sandra Clark (Parents: Joe Clark, Daisy Falcon) Date September 5, 1998

Domain Educational

| GOALS | STRENGTHS/RESOURCES | NEEDS | ACTIONS (who, when) | OUTCOMES |
|---|---|--|--|----------|
| <p><i>Sandra will do better in life and feel better about herself if she improves her academic skills and is more successful in school.</i></p> | <ul style="list-style-type: none"> likes to read and tell stories long attention span works neatly and carefully artistic library near home (Sandra knows the librarian) school reading club school tutoring program | <ul style="list-style-type: none"> Sandra needs to develop study habits that allow her to stay focused and complete her assignments. Sandra needs to learn to follow written and oral directions. Sandra needs to learn to stay in her seat and work independently to finish classwork. | <ul style="list-style-type: none"> Sandra will work with the resource teacher (Mrs. Dawson) twice a week to learn study techniques, including how to organize work, set a study schedule, and keep an assignment sheet. Begin immediately. Sandra's teacher (Mrs. Craft) will review assignments at the end of each day and help Sandra pack the correct books. Begin immediately. Mrs. Craft will work with the school counselor (Mr. Corzin) to develop a behavior management plan to reinforce time in seat and on task. Begin 10/5/98 Sandra will be encouraged to join the reading club at school under the guidance of the librarian (Mrs. Dubester). Begin 10/25/98 | |

Based on a form developed by the NC FACES FACT Program.

Child and Family Team Meetings

What happens at Child and Family Team meetings?

At the first Child and Family Team (CFT) meeting, your team writes a plan for services and support. The team meets after that to review and change the plan as needed. Sometimes the team meets if there is a crisis that needs special attention.



How long is a meeting?

The first meeting usually lasts about one and a half hours. Follow-up meetings usually take less time.

How often do we meet?

Follow-up meetings are about once a month or as needed. "As needed" means that you can meet more than once a month or less than once a month according to how well the plan is working.

For You



What are some things you want to talk about at the first team meeting?

How do I get ready for the meeting?

Your team coordinator will meet with you before the first CFT meeting to talk about what is important to your family and what you hope will change for the better. You and your team coordinator will also talk about your family's strengths. Strengths include family values, what your family likes to do, and what your family does well.

You will tell the coordinator who you think will be helpful to you and your family so the coordinator can help you choose people to be on your team.

What is my role on the team?

Your role is to speak out to help the team write a plan that really serves your child and family. You do that by letting the team know what you need, what you want, and what "works" in your life. You guide the team to find resources and services that really fit your child and family.

Examples

Your CFT is talking about ways to help your child get along with his two younger brothers. You know that all three boys like camping and fishing. The boys seem to relax and get along better when they are outdoors. You are most likely the only one at the meeting who knows that kind of information. It is your job to tell the CFT about that family strength and to suggest camping activities as part of the plan or as a reward.

Your CFT is talking about counseling for your son. You know that he had a difficult time with a female therapist last year. Your job is to tell the team what has worked or not worked in the past and to suggest what might work better this time.

Who will help me if I don't know what to do?

You are part of a team, so everyone helps each other. You can ask any team member, your family advocate, or your team coordinator for help whenever you have a question or have to make a tough decision.

Think of your family advocate as your teacher, coach, supporter, and problem-solver. Each step along the way, you can ask your family advocate for information and help. You can count on your family advocate to understand your needs and concerns.

Who sets up the meeting?

The team coordinator contacts all the team members to set up a meeting. Anyone can ask the coordinator to organize a meeting.

How are decisions made at meetings?

Your team will have a process for discussing issues and reaching agreement. Teams try to have everyone agree about decisions. If the whole team doesn't agree, a voting process is often used to make decisions. In many cases, parents get more than one vote to make sure they have a strong voice in decision making.



What happens at the first meeting?

At the first meeting you will:

1. review your family's strengths.
2. find out what your family wants to improve.
3. develop a plan to make those changes happen.

What are the exact steps of the meeting?

Step 1. Meet the team

Everyone will introduce themselves and tell how they know your child and family. Sometimes team members will say how they think they can help and what strengths they bring to the team.

Step 2. Talk about your family's strengths

Your team will share what they know about your family's strengths. This is a chance for all team members to get to know your family better. The coordinator will review your family's strengths and write them on a flipchart. Team members may add strengths to the list. (See the section on Family Strengths in this handbook.)

Step 3. Talk about your family's goals

Your coordinator will ask you what you want to change for your child and family. The coordinator may ask you to look into the future and talk about how you would like things to be different in six months or a year.

Examples of Goals

A parent might say:

"In six months I want my son to go to school every day and get along with other kids."

"In six months I want my daughter to tell me when she is upset before she loses her temper and hits her sister."

A child might say:

"In six months I want to have a job."

"In a year I want to be living with my family all the time."



For You



Which life areas (domains) do you want to work on first for your child's plan?



What goals do you want to set for that domain?

Step 4. Choose areas (life domains) for the plan

Your team will help you choose the areas of your child's life you want to plan for first. Usually families choose the two or three areas that are most troubling right now.

Areas (life domains) are:

- ▶ **behavior** – how the child acts and feels and how he gets along with others
- ▶ **health** – physical (and dental) well-being or illness and any medical or other health care that is needed
- ▶ **education** – how, what, and where the child is educated or trained for a job and independent living.
- ▶ **social (friends)** – relationships and activities with others
- ▶ **living arrangements (residence)** – where and with whom the child lives
- ▶ **legal** – anything related to laws, rights, courts, probation, and custody
- ▶ **safety** – protection from harm to self or others

Step 5. List and prioritize your needs

Say what you think needs to happen in order to reach the goals.

Examples

In order for Bruce to meet the goal of succeeding in school, he will **NEED** to be able to follow school rules and do his school work.

In **order** for Kendra to improve her social relationships, she will **NEED** to get a driver's license.

For You



What is a strategy that could help you or your child?



Who are key people to help carry out that strategy?

Step 6. Develop strategies for each need you identified

Strategies are the action steps that say how each need can be addressed so that goals can be met. The best strategies are those that use existing strengths to meet a need. You and everyone on your Child and Family Team will offer ideas about what strategies to use. Then the team will help you choose the best strategies to write into the plan.

Example of a Strategy

Bill says he is lonely and wants to make new friends.

You know that Bill is a good runner.

One action step (strategy) could be to help Bill join the track team.

The team coach might be the best person to carry out the action step.

Step 7. Develop a backup (crisis) plan

The team will write another plan that spells out what to do if there is a crisis or an emergency. The backup plan is a safety net. It tells everyone what to do to help your child when the usual strategies are not working.

Step 8. Make assignments

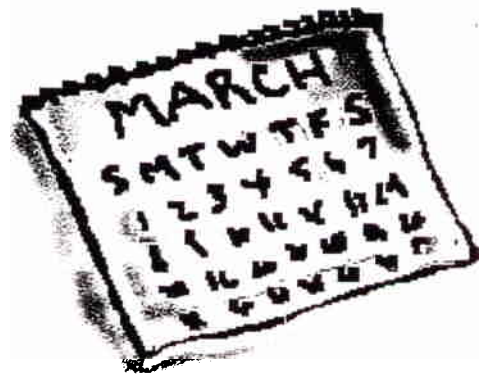
Each team member will have a job to help carry out your Child and Family Plan. Some team members will help your child directly at home, at school, or in the community. Some team members will get more information or talk to others and get them to help.

Example of an Assignment

Mrs. Crisp, the school counselor, will meet with all school staff who work with James to tell them about the plan and a new behavior contract. She will teach them how to use the contract, record points, and help James succeed in his behavior contract.

Step 9. Set up the next meeting

The last step is to choose a date, place, and time for the next meeting, or to set a schedule for several meetings.





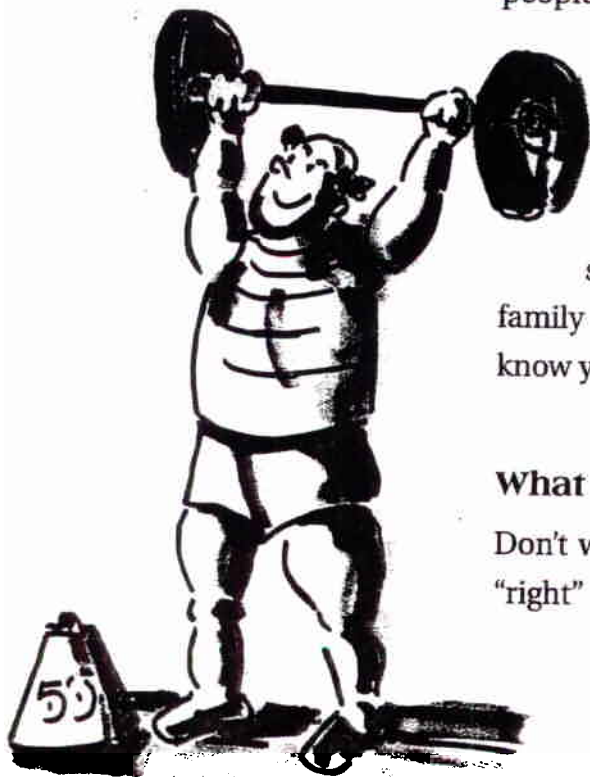
Family Strengths

What are “family strengths?”

Family strengths are all the activities, feelings, discussions, and supports that hold a family together and make it strong. Family strengths can be little things like watching TV together, or big things like sharing chores or solving problems together.

What is a strengths inventory?

A strengths inventory is a set of questions to help family members think about their strengths. An inventory is not meant to pry into personal issues. It is meant to help family members talk about all the activities they like to do and everything they do well. It also helps families think about the people in their lives who can help and support them.



Will I complete a strengths inventory?

Before your first CFT meeting, your team coordinator will ask you questions to learn about your family's strengths. In the System of Care, services are built around family strengths, so it will be helpful for you and your team to know your family's strengths from the very beginning.

What if I can't answer the questions?

Don't worry. A strengths inventory is not a test. There are no “right” or “wrong” answers.

For You



What are some of your family's strengths?

What if I don't want to answer the questions?

You can say as much or as little as you want. Most people really like doing a strengths inventory because it gives them a chance to think and talk about good things in their lives.

What kinds of questions will I be asked?

A strengths inventory asks questions to help you think about many different kinds of family strengths. Some examples are:

- What does your family do for fun?
- What makes you laugh?
- What is one thing you really like about your family?
- Whom do you talk to when you have a problem?
- What is your neighborhood like?

Can I do a strengths inventory on my own?

Of course you can think about your family's strengths whenever you want to, but most people don't. People usually think about "problems" and what needs to be "fixed." It's a good idea to start thinking about all the things that are "working" and how they can be used to make life better.

Does every family have strengths?

Of course! Every person and every family has strengths. Sometimes we may not see the strengths right away, but they are there. In fact, some of the things we think are "problems" can have strengths hidden in them.

For You



Think of something your child does that you would call a "problem" behavior. What is the behavior?



What is a strength hidden in that behavior?

What are some examples of strengths?

Family strengths are all the activities, habits, skills, interests, attitudes, and behaviors that make your family strong and help you cope.

Examples of Family Strengths

- talk about problems
- have friends and close relatives who can help
- share chores
- eat meals together
- know how to have fun (games, sports, TV)
- laugh together
- stand up for (protect) each other

Examples of a Child's Strengths

- talks about problems
- has a good sense of humor
- asks for help
- gets along with others

Example of a Hidden Strength

Bud talks back to his mother. That's rude behavior. But it is good that he can speak his mind. Bud should learn better ways to speak out, but he has the strength of being able to let others know what he is thinking.



Team Strengths

How can I be sure I am choosing the best people to be on my CFT?

There are many people who can be helpful to you and your child, but some will be better than others for your CFT. You should think about what you want your team to do, then choose people who have the knowledge, interest, and skills to help right now.

What are team strengths?

Team strengths are the many ideas, skills, and attitudes your team members can use to help you and your family. Each member of the team will have different strengths. One may already be helping your child, one may know a lot about school programs, and another may know a lot about community resources.

How do I know my team's strengths?

You already **know** something about the people on your team, but you may want to ask them a few questions to find out more. You can give your team a strengths inventory to help everyone learn more about how they can help.



What questions should I ask?

You can ask team members questions about their interests, their experiences, and why they want to be on your team. Use some of the questions on the next page or make up your own.

Make Copies

Copy this sample inventory and use it to find out about the strengths of your team.

Use some or all of the questions. Add other questions.

Name _____ **Date** _____

Inventory Questions

- ▶ **What special training or skills do you have that will be useful for my team?**

- ▶ **Have you written service plans like this before?**

- ▶ **How do you think you can help my child and family?**

- ▶ **Have you helped other children and families like mine?**

- ▶ **What do you do best at meetings?**

- ▶ **Are you an advocate for children and families?**

- ▶ **What age children do you work with best?**

- ▶ **What is one thing you really like about my child or family?**



Advocacy

What is advocacy?

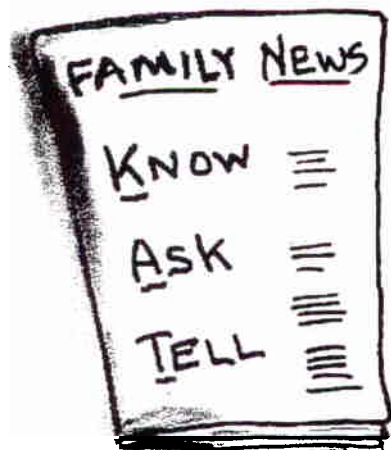
Advocacy is helping people get the services they need and giving them support along the way. Advocacy is teaching and advising.

What do advocates do?

Advocates help in many ways. An advocate might help you get ready for meetings, go to meetings with you, teach you about your rights, gather information, encourage you, or speak out on behalf of you and your family.

Who will advocate for my family?

Many people, including you, can advocate for your family in different ways. In the System of Care, each family usually chooses one person to be their special family advocate. You can choose anyone who you feel will be supportive and helpful to be your advocate. It is a good idea to choose someone who has had experience in the System of Care.



How can I be an advocate for my child?

You already are an advocate for your child. Every time you do or say anything to improve your child's education or quality of life, you are advocating. When you ask for services or tell someone what your child wants or needs, you are advocating. When you go to school meetings and write plans, you are advocating for your child.



For You



What is one thing
you want to KNOW?



What is one
question you want to
ASK?



What is one thing
you want to TELL?

How can I become a better advocate?

It's as easy as K A T: KNOW – ASK – TELL

KNOW

Know your rights.

Know the special education laws.

Know your roles.

Know what the System of Care can do to help.

ASK

Ask questions.

Ask people to explain abbreviations or jargon they use.

Ask for help.

TELL

Tell people about your child's strengths.

Tell people what you want (goals).

Tell people what your child needs.

Tell people what is working and what is not.

Good Communication

How will good communication help?

If you want to participate fully in the team and be an effective advocate for your child, you must be a good communicator. Good communication helps you tell others your ideas and feelings. Good communication skills give you power and control.



What if I'm not good at expressing myself?

You don't have to be the world's best speaker to be a good communicator or advocate. What you need are facts and confidence. If you go into meetings knowing your rights and what you want, you will do well. Here are a few tips:

Be prepared

- ▶ Go to meetings with a clear idea of what you want to get done.
- ▶ Think about what you want to say and how you will say it.
- ▶ Get your records in order.

- Talk to someone to find out how the meeting will be run.
- Bring an advocate if you need help.

Use two-way communication

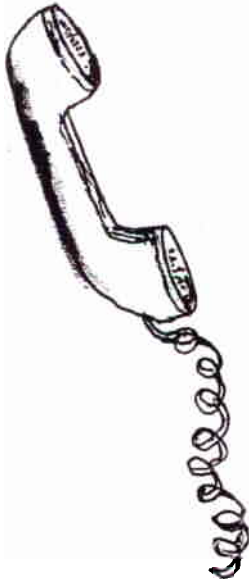
Remember that communication is a two-way street. Be ready to listen and understand the point of view of other team members.

Keep your emotions in check

You will communicate better if you stay calm and stick to the facts. Even when you are angry or upset, you should be polite.

Talk about issues, not people

A good rule is to say nothing personal. There may be people you don't like or trust, but you should not attack them. Stick to the issues. Talk about things that can be changed.



Example



Say: "This kind of help is not working for my child."

Not: "You are a BAD teacher."

How can I get my message across to others?

There are three types of communication: passive, aggressive, and assertive. You can be a powerful communicator if you learn how to be assertive.

For You



Think about a time when you were too passive about asking for services for your child. What happened?



What could you have said or done to be more assertive?

Passive is too weak.

You avoid the problems.

You let others speak for you.

You agree to everything, even things you don't really like.

Example

"We'll wait and see how Janice does next year. Maybe she'll outgrow the problem. I guess waiting won't hurt."

Aggressive is too strong.

You don't care about the rights and feelings of others.

You attack people, not problems.

You make demands, not requests.

You don't control your emotions.

Example

"Who do you think you are to tell me that I have to wait until next year to get help for Janice? That's not good enough. If I have to wait, I'll see you in court."

Assertive is just right.

You focus on problems and solutions.

You express yourself honestly and openly.

You express your feelings while controlling anger.

Example

"I think it would be a mistake to wait until next year to begin Janice's speech therapy. The school should find a private specialist to help her right now. As soon as the school's speech therapist has an opening, we can let her continue Janice's services."

For You



What are some of your communication skills and strengths?

How can I be assertive?

You can be assertive by saying what you want or need or believe in an honest way that respects the rights of others. You can learn about your rights and remind others of their responsibilities. You can focus on solving problems.

Will people think I'm rude if I'm assertive?

Assertive people are not rude. They let others know what they are thinking, but they don't attack people or their ideas.

Do I have to get "tough" to be assertive?

Assertive people are "tough" only in the sense that they are firm and self-confident. They stand up for what they know is right, but they don't bully others. They don't say "yes" unless they mean it, but they are not stubborn.

Why is it hard to be assertive?

It is hard to be assertive because many people feel guilty, lack self-confidence, or are in the habit of letting others tell them what to do. You can learn to be assertive. Here are some tips:

- ▶ Say what you really want to say.
- ▶ Ask and suggest, don't whine or plead.
- ▶ Relax, stay calm.
- ▶ Be firm, not angry or stubborn.
- ▶ Focus on your goal.

Writing Letters

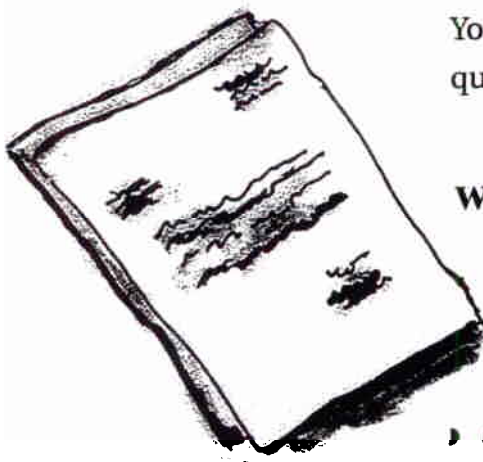
REMINDER: Keep a copy for your files.

Why do I need to write letters?

Letters are a good way to get things done. They help you tell others what is going on or what you want, and they can be a record of a decision or agreement.

What kinds of letters should I write?

You can write letters to ask for services, state a problem, ask questions, or tell others your ideas or feelings.



What should I put in a letter?

Letters do not have to be fancy or clever. They just have to have certain information. Following is a list of things to put in your letters:

- ▶ date you are writing the letter
- ▶ your name and address (phone number if you ask someone to call you)
- ▶ name and address of the person you are writing to
- ▶ your child's name
- ▶ information about the problem or issue
- ▶ questions or requests
- ▶ a restatement of any decisions or agreements
- ▶ when you expect to hear back
- ▶ thank you



Sample Letter Asking for an Evaluation

Your Address
City, State, Zip
Date

Name of Principal
Name of School
Address of School
City, State, Zip

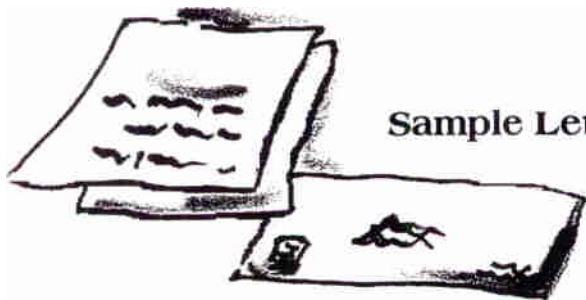
Dear (*principal's name*):

I am a parent of (*child's name*). My child is having problems with his school work. I think he may have special needs. Please refer him for testing to find out if he can receive special education services or related services.

I would appreciate hearing from you within the next ten days. Please call me at (*phone number*) if you have any questions about my request.

Sincerely,

Your name



Sample Letter Documenting a Phone Call

Your Address
City, State, Zip
Date

Name of Person
Job Title
Address
City, State, Zip

Dear (*person's name*):

Thank you for talking with me today about (*child's name*).

I understand that you are concerned about _____.

As I said on the phone, I am concerned about _____.

You feel that _____ will help. The mental health clinic has agreed to _____.

I also said that I would _____.

Thank you for your time and help.

Sincerely,

Your name



Sample Letter Asking for Information

Your Address
City, State, Zip
Date

Name of Person
Job Title
Address
City, State, Zip

Dear Dr. _____:

My son (*child's name*) has been taking (*name of medication*) that you prescribed to help control his mood swings. The medication is making him sleepy at school. He seems less nervous, but he is sleepy all the time and can't do his school work.

I would like more information about my son's medication and its side effects. I would like written information that I can share with his teachers.

Please send information as soon as possible. Call me at home (*phone number*) if you have questions.

Sincerely,

Your name



Sample Letter Asking for School Services

Your Address
City, State, Zip
Date

Name of Principal
Name of School
Address of School
City, State, Zip

Dear (*principal's name*):

I am writing to ask for (*speech therapy*) for (*child's name*). (*Speech therapy*) is part of my child's IEP, but he has not had this service yet. Please let me know when his (*speech therapy*) will begin.

Without (*speech therapy*) my child is not receiving an "appropriate" education to meet his needs. The Community Medical Center will give my child (*speech therapy*) for \$50.00 an hour. If the school cannot give my child (*speech therapy*), I will take him to the medical center. Please send me the forms for billing the school for my child's services.

I hope to hear from you this week. It is best to call me at (*phone number*) before 8:00 a.m. or after 7:00 p.m.

Thank you for your help.

Sincerely,

Your name



Part 2

Individual Education Programs

Rules and regulations governing the IEP process are determined by State and Federal law. These laws are subject to change and open to interpretation, so it is very important to check with your local school system to learn about the IEP policies and procedures for your child's school.

The information that follows was taken from several sources. They include:

Handbook on Parents' Rights

NC Department of Public Instruction, Exceptional Children Division, 1997

A Guide for Parents to the Individual Education Program
State of Minnesota, 1996

Finding Help—Finding Hope: A Guidebook to School Services for Families with a Child Who Has Serious Emotional, Behavioral or Mental Disorders

Winifred G. Anderson

Federation of Families for Children's Mental Health, 1994



IDEA: Public Law 105-17

What Is IDEA?

IDEA is the Individuals with Disabilities Education Act. IDEA is also called Public Law 105-17 which means it was the 17th piece of legislation passed by the 105th Congress.

What does IDEA say?

IDEA says that all children with disabilities have the right to a free and appropriate public education with special education services and related services to meet their special needs.



What does IDEA mean?

IDEA means “zero reject” for school children from age 3 to 21. It means that all children, even those with very serious handicaps, are entitled to a free and appropriate public education (FAPE).

Free

The education of children must be at no cost to parents, except for fees that all parents pay for special events.

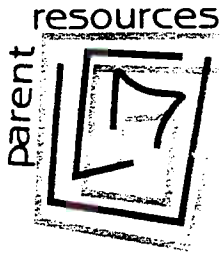
Appropriate

The law does not give an exact definition of “appropriate.” It says only that an appropriate education is one that meets state standards and follows the child’s IEP. The key is that the educational program must meet the child’s special needs. Appropriate education must also consider the child’s age, disability, and the related services needed.



Public Education

Public education is education that is provided and supervised by the local school system. It is education that meets the standards of the state education agency.



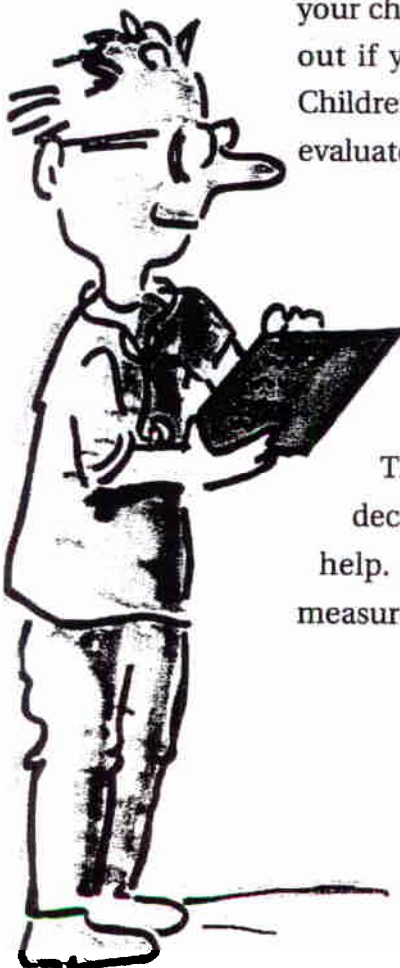
Evaluation in the IEP Process

What is an evaluation?

Evaluation is a process of gathering information to find out about your child's development, health, learning, and general functioning. One part of evaluation is testing. Other parts of evaluation are interviews and observations. Medical records and family history are also part of a complete evaluation.

Does my child have to be evaluated?

Your child needs to be evaluated if you or someone else thinks your child has a disability. An evaluation must be done to find out if your child is eligible for special education services. Children who are already getting special education services are evaluated to see if their special needs have changed.



How will information about my child be used?

Evaluation information will give a complete picture of how your child is developing and learning. That information will help you and your team make good decisions about what your child needs and the best ways to help. Evaluation information will also give you a way to measure progress.

What kinds of tests will my child be given?

The evaluation will include all the tests needed to get a “snapshot” of your child’s functioning. Depending on the types of problems your child is having, the evaluation might include:

- ▶ speech and language
- ▶ vision and hearing
- ▶ general health
- ▶ cognitive ability
- ▶ motor skills
- ▶ emotional state and behavior
- ▶ academic achievement
- ▶ progress in school
- ▶ social-developmental history



What about the tests my child takes at school?

Your child takes many kinds of tests at school. Some are tests a teacher gives to see if your child has learned new material in the classroom. Others are tests the school system gives to all students to measure their progress.

If your child has been referred for special services, the school will give your child other tests to see if special services are needed. If your child needs special services, the test results will help you and the school write an educational plan.

Who will test my child?

Tests are given by many kinds of professionals such as doctors, special education teachers, social workers, psychologists or psychiatrists. Anyone who tests your child must be qualified to do so.

What if my child doesn't do well on tests?

Some children have trouble reading the test, staying focused, or sitting still. These children can be tested individually, not in a group. The specialists who will test your child know how to help children who need special instructions, encouragement and praise to do their best.

Can I get an independent evaluation?

If you don't agree with the school's test results or feel that the school system needs more information, you have the right to get a second opinion. You can ask the school system to pay for an independent evaluation. An independent evaluator is a qualified person who is not employed by the school system.



Who will see my child's evaluation reports?

Evaluation information and other records are "confidential." That means the records are private and can be read only by the IEP Team and staff who work with your child. You must give permission for anyone else to review your child's records. If your child is 18 years or older, he can give permission.

Note: You must be given copies of your child's evaluation reports, including how the IEP Team determined whether your child is eligible for special education services.

For You



What questions do you have about tests your child has been given or will be given?

What are my child's rights in the evaluation process?

For a special education evaluation, your child will be given tests that are not given to most school children. Your child has the right to be:

- ▶ tested in the language he speaks or understands best
- ▶ tested in all areas of concern (not just one test)
- ▶ tested by qualified professionals
- ▶ tested by a valid test that is given correctly
- ▶ given tests that are not affected by race or culture
- ▶ tested in specific areas of educational need, not just I.Q.
- ▶ evaluated by a multi-disciplinary team (This is a group of people who know about the kinds of problems your child has and who have different skills. The team could include a social worker, physical therapist, psychologist, special education teacher or other specialists who can get a complete picture of how your child learns.)
- ▶ evaluated completely (not just one test)
- ▶ evaluated at least every three years, or more often if you or your child's teacher ask to have your child retested

What are my rights in the evaluation process?

You also have certain rights in the evaluation process. Your rights are to:

- ▶ give written permission or refusal for the first evaluation and reevaluations of your child
- ▶ get a written copy of your legal rights in the language you understand best

What questions should I ask about evaluation?

There are many questions you can ask about your child's evaluation. Following are a few things you might want to know.

- ▶ What tests will my child be given?
- ▶ What are you trying to find out with the tests?
- ▶ Who will be evaluating my child?
- ▶ What does my child do in the test?
- ▶ Where and when will the test be given?
- ▶ How long is the test?
- ▶ Will the test be changed for my child's learning (hearing, vision) problem?
- ▶ Will the tester speak my child's language?
- ▶ Who will have permission to read the evaluation reports?
- ▶ How can I help my child feel okay about the testing session?
- ▶ Will you want information from me before you give the test?





The IEP Process



What are the steps for developing an IEP?

Step 1. Referral

Your child is referred for evaluation. A child is usually referred because a teacher or parent notices that the child is not being successful even with extra help and encouragement.

Step 2. Notice of Rights and Consent

You get written information that explains your rights. You give written permission for the school to test your child. If you do not believe testing is necessary, you may refuse in writing.

Step 3. Evaluation

One or more qualified people evaluate your child using a variety of tests, observations, and interviews, and other information to identify strengths and weaknesses. Later, an evaluator meets with you to review the evaluation report and to answer questions. Sometimes the review of evaluation results occurs at the same time as eligibility determination (Step 4).

Step 4. Eligibility Determination

The IEP Team reviews your child's evaluation to see if he qualifies for special education. If your child qualifies according to the state's guidelines, he will be considered eligible for services. To qualify for services for serious emotionally disturbed or behaviorally disordered, your child must meet the following definition.

Definition

A condition meeting one or more of the following characteristics over a long period of time and to a degree that adversely affects educational performance:

- a. inability to learn which cannot be explained by intellectual, sensory, or health factors
- b. inability to build or maintain satisfactory interpersonal relationships with peers or teachers
- c. inappropriate behaviors or feelings
- d. general pervasive mood of unhappiness or depression
- e. tendency to develop physical symptoms or fears associated with personal or school problems

Step 5. IEP Planning Meeting

At the IEP planning meeting, you and other team members review evaluation results and develop a written special education plan. (It is best if you have the evaluation report before the meeting so you are prepared to help develop the plan.) The IEP planning meeting can be at the same time as the eligibility determination in Step 4, or it can be a separate meeting.

Step 6. Placement

Based on the IEP, a special education program or class is recommended. You must give written permission for the placement of your child in the recommended class or program. Your child should be placed in an appropriate special education program within 90 days of the first referral.



Where can I get more information?

The Department of Public Instruction, Exceptional Children Division has written a handbook called *Handbook on Parents' Rights*. You can get the handbook from your child's school.



Understanding IEPs

What is “special education?”

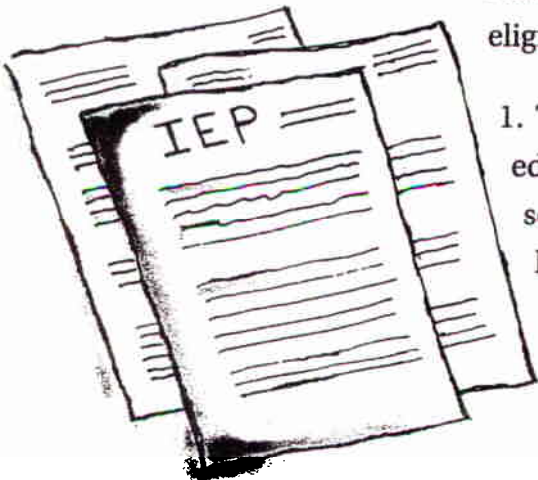
Special education is instruction designed to meet the needs of children with disabilities. Federal law says that *all* children can have a *free and appropriate public education* (FAPE). The law makes sure that children with disabilities get the public education they need at no cost to parents.

What is an IEP?

IEP stands for Individual Education Program. An IEP is a tool to help parents and schools make sure that each child gets the right educational services. It is a written plan that describes your child’s educational strengths and needs. It states how, when, and where special education will be given. It also describes the specific goals your child will be working on to be more successful in school and the steps your child will accomplish to reach the annual goals. An IEP is usually written for a one year period.

Does my child need an IEP?

Not every child needs an IEP. Only children who need and are eligible for special education have IEPs.



1. The IEP is a written record about your child’s special education services. It states what special services you and the school system have agreed are appropriate for your child. The law says that school systems must provide the program and services written in the plan.

2. An IEP gives you and the school system a chance to work together to develop an educational program for your child.
3. An IEP helps you and your child's teachers measure progress.

Where will my child get special education services?

Special education services can be given almost any place your child needs them. They can be given in:

- regular classrooms
- special education classrooms
- hospitals
- homes
- institutions

What other services will my child get?

Other services to help your child get the most from special education are called "related services." Examples are:

- transportation to and from school
- medical services
- counseling
- social work services
- psychological services
- physical therapy/occupational therapy
- speech and language instruction

What is my role in writing an IEP?

You are a key member of the IEP Team because you know your child best and you are the one who will guide your child's future. Your role is to attend meetings, ask questions, make suggestions, and supply information. You should also make sure that the IEP Team knows what is important to you and that the IEP meets your child's educational needs.

Who is on an IEP Team?

An IEP is written by a team that includes you and school staff. The number of people on the team can vary, but the IEP Team must include:

- ▶ parent or guardian
- ▶ regular education teacher
- ▶ special education teacher
- ▶ a school representative other than a teacher (principal)
- ▶ someone who can interpret the instructional implications of the evaluations

Often the IEP Team also includes:

- ▶ a member of the evaluation team
- ▶ your child, if appropriate (children must be invited if they are age 14 or older, or any time transition is discussed)
- ▶ other education experts or specialists (physical therapist, school counselor)



For You



What educational goal from your child's Child and Family Plan might be included in the IEP?

Is my Child and Family Plan part of the IEP?

Your Child and Family Plan most likely will include strengths, needs, and goals related to school. The parts of your Child and Family Plan that are about school should become part of your child's IEP.

When is the IEP written?

An IEP must be written within 30 days after the IEP Team decides that your child is eligible for special education. An IEP can be reviewed and revised as needed. It should be rewritten at least once a year.

What is in an IEP?

An IEP is a written record of many kinds of information about your child's education. It includes:

Present Level of Performance – what your child can do

This is a snapshot of how your child is doing in school right now. It helps the IEP Team understand how your child's disability affects school performance.

Goals – what your child needs to learn

The IEP has annual goals. Annual goals state what you and the team think your child can and should learn in the school year. A goal is the answer to the question: "What do we want my child to be able to do?" The goal states the skill to be changed, the kind of change desired, and the expected level of performance or success.

Examples of Goals



John will be able to follow a written schedule and check off completed activities throughout the school day. Completed activities and schedules will be measures of his success.

Steven will use calming techniques to avoid a tantrum when he feels he is getting upset, or when reminded to calm himself.

Benchmarks/Objectives – how your child will learn

An IEP can have benchmarks and/or objectives. Benchmarks are intermediate steps to reach a goal. They are general statements about what the student will accomplish over several months, a grading period, or a semester.

Objectives say exactly how a child will reach a goal. Objectives state in specific, measurable terms who, what, when, and how a goal will be accomplished, and the criteria for measuring success.

What else is in an IEP?

The IEP has a lot of information about plans for your child's special education.

- ▶ type of special education services and related services your child will receive
- ▶ amount of time your child will have special education and other services
- ▶ amount of time your child will not be in the regular classroom
- ▶ what will be done in the regular classroom to help your child
- ▶ vocational services for your child (if age 14 or older)
- ▶ a transition plan (if 14 years or older)
- ▶ recommendations for the North Carolina Testing Program
- ▶ adaptive physical education plan if needed

Can I change my child's IEP after I sign it?

Yes. An IEP is reviewed at least once a year. If you want to make changes sooner, you can ask for a review meeting to talk about the goals and objectives and make changes.

What if I want my child to be in a "regular" classroom?

The law states that your child is entitled to education in the "least restrictive environment" (LRE). The least restrictive environment is the setting that meets your child's educational needs and is most like the classroom of other children his age. The purpose of LRE is to make sure that children with special needs are included in the school and community. The IEP Team decides the amount of time your child is in special settings or in the regular classroom.

What if I want my child to have other activities with children his age?

Children who are in special classes can and should do nonacademic activities with other children. The IEP Team makes decisions about a child's participation in nonacademic activities. Some examples of nonacademic activities are:

- lunch and recess
- transportation
- art and music

How can I get ready for an IEP meeting?

You can get ready for an IEP meeting the same way you get ready for a **Child and Family Team meeting**. Following are some tips.

For You



What are some things you will do to get ready for your child's IEP meeting?

Look over the IEP if your child already has one.

Think about how the current IEP is working. Ask yourself about the strengths and weaknesses of the program.

Write a list of your child's educational strengths and needs.

Think about what your child likes to do, what he can do, and what he needs to learn to do.

Prioritize goals.

Decide which goals are most important. List goals in order from most important to least important.

Find out who will be at the meeting.

Ask who will be at the meeting. If important service providers have been left out, ask to have them invited. Invite your family advocate if you want special support. Let the school know who will be coming with you.

Find out how long the meeting will last.

Ask how much time has been set aside for the meeting. If you feel the meeting time is too short, ask to have the meeting changed to a day when everyone has more time.

Learn the vocabulary and names of tests.

Learn IEP words and names of tests so you can understand everything that is said at the meeting. There is a list of helpful words in the back of this book.

Be ready to present and support your ideas.

- Use records, progress reports, and evaluation results to support your ideas.

- Be ready to say why you want the services.
- Have a second idea ready in case your first idea can't be used.

Do I have to sign the IEP right away?

No, you do not have to sign the IEP at the meeting. You can take it home and read it over. If you want to change the IEP, the IEP Team will meet again to make the changes. Signing the IEP shows that you were part of the team that developed it.



Note: If this is your child's first IEP, the plan cannot be put in place without your written permission.



When You Don't Agree

What can I do if I don't agree with a decision?

The IEP Team makes decisions about your child's education. If you don't agree with a decision, you can ask for a change. You can make an appeal if you asked for services you think your child needs, and the school has said no. According to the law, your child's plan will not be put in place if you state in writing that you disagree.



How can I make an appeal?

Your first steps should be to resolve disagreements quickly by talking with the IEP Team and others who work closely with your child. If your informal approach does not work, you can use the formal appeals process that is explained in the *Handbook on Parents' Rights*. You can get the handbook from your child's school. Following are basic steps of a formal appeal.

Step 1. Find out if the decision is official.

Only those decisions that have been approved by the IEP Team are considered "official." Find out if the decision you don't like is "official" before you make a formal appeal.

Step 2. Meet with the IEP Team.

Meet with the IEP Team to tell them your point of view. For example, let the IEP Team know that you feel your child needs more time in the resource classroom or needs some related services such as transportation or speech therapy that are not in the IEP.

Step 3. Put it in writing.

Write a letter to the school principal stating:

- what the IEP Team decided
- what you want
- why you disagree with the committee's decision
- that you will appeal the decision to the Director of Special Education



Step 4. Write to the Director of Special Education.

If you wrote to the school principal and met with the IEP Team, but still did not agree with their decision, you should appeal to the Director of Special Education Programs for your local school system.

- tell the Director what you don't agree with and why
- attach a copy of your letter to the principal
- ask to meet with the Director

Step 5. Write to the State Department of Public Instruction.

If you wrote to the school principal and to the Director of Special Education Programs for your local school system, and still are not satisfied, then you can make a formal complaint to the state. Write to the Department of Public Instruction, Exceptional Children's Division. You can contact the State Board of Education, Division of Public Instruction at 919-715-1587 to get more information about filing a formal complaint.



What if my appeal doesn't work?

Mediation is the next step. Mediation is a process in which an impartial third party listens to both sides and tries to resolve a disagreement.

If you made appeals, but still do not feel that your child's educational needs are being met, you can ask for a mediation meeting. Write to the Superintendent of your local school system to ask for the meeting. A mediation specialist may be assigned to work with you to solve the problem.

Read the *Handbook on Parents' Rights* for more information. You can get your own copy of the handbook at your child's school.

Where can I get the names and addresses I need to write letters of appeal?

You can get names and addresses of the principal and Director of Special Education to write letters of complaint or appeal from your child's school or from the Superintendent of your local school system. Ask an advocate to help if you can't get the information you need.



Appendices

| | |
|----------------------------|----|
| Files Checklist | 69 |
| Phone Numbers Form | 70 |
| Agencies and Organizations | 72 |
| Acronyms | 76 |
| Words to Know | 81 |

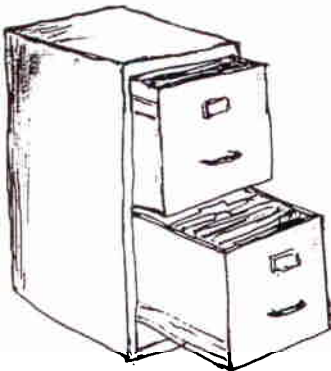


Files Checklist

What should I keep in my files?

You are the key source of information about your child. Your files should have all the papers you need to inform others and advocate for your child. The records you keep will help you and your team write good plans and keep track of changes and progress. Following is a list of helpful records.

- ☐ Birth Certificate
- ☐ Medical Records
- ☐ Immunization Records
- ☐ School Records (report cards)
- ☐ Evaluation Reports (test information)
- ☐ Plans (Child and Family Plan, IEP, others)
- ☐ Signed Forms
- ☐ Samples of Your Child's Work
- ☐ Letters
- ☐ Names and Phone Numbers of Team Members
- ☐ Other (other forms or records that may be helpful)





Phone Numbers

Keep Them Handy

It is a good idea to keep a list of names and phone numbers of people on your team or others you often call.

Doctor

name _____ phone _____

Clinic or Hospital

name _____ phone _____

Child and Family Team

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

name _____ phone _____

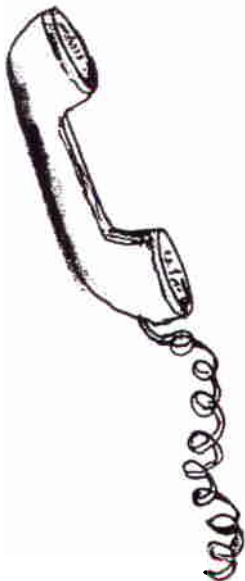
name _____ phone _____

name _____ phone _____

Mental Health Center

name _____ phone _____

name _____ phone _____



School

| | |
|------------|-------------|
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |

Specialists

| | |
|------------|-------------|
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |

Parent Support Group

| | |
|------------|-------------|
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |
| name _____ | phone _____ |





Agencies and Organizations

State

Autism Society of North Carolina

505 Oberlin Rd., Suite 230
Raleigh, NC 27605-1345
919-743-0204

Exceptional Children's Assistance Center (ECAC)

PO Box 16
Davidson, NC 28036
800-962-6817 (call for a list of local phone numbers)

Families-CAN

3820 Merton Dr., Suite 216
Raleigh, NC 27609
800-211-0501

Governor's Advocacy Council for Persons with Disabilities

2113 Cameron St., Suite 218
Raleigh, NC 27605
919-733-9250

Learning Disabilities Association of North Carolina

PO Box 3542
Chapel Hill, NC 27515
919-493-5362

Mental Health Association of North Carolina

3829 Bland Rd.
Raleigh, NC 27609
919-981-0740

N C Alliance for the Mentally Ill (NC-NAMI)

309 W. Millbrook Road, Suite 121
Raleigh, NC 27609
800-451-9682 (helpline)

North Carolina Coalition for Persons Disabled by Mental Illness

c/o NCPA
1004 Dresser Court, Suite 106
Raleigh, NC 27609
919-872-1005

North Carolina Council of Community MH/DD/SAS Programs

1318 Dale St., Suite 120
Raleigh, NC 27605
919-755-0680

North Carolina Department of Health and Human Services

Division of Mental Health, Developmental Disabilities and Substance
Abuse Services (MH/DD/SAS)
3509 Hayworth Avenue.
Raleigh, NC 27609
919-571-4900

Division of Social Services
325 N. Salisbury St.
Raleigh, NC 27603
919-733-3055

Division of Youth Services
705 Palmer Dr.
Raleigh, NC 27603
919-733-3011

System of Care Project Sites

FACES in Cleveland County
917 First St.
Shelby, NC 28150
704-476-4069

Families, Agencies, Community Together (FACT)
PO Box 6797
Mars Hill College
Mars Hill, NC 28754
828-689-1570
828-689-1569 (Terri Gosnell, Family Outreach Coordinator)

Sandhills FACES
Sandhills Center for MH/DD/SAS
PO Box 9
West End, NC 27376
910-673-7800

Guilford Initiative for Training and Treatment Services (GIFTTS)
Guilford Mental Health Center
UNC-G, 915 Northridge St
Greensboro, NC 27402-6170
336-315-7474

Halifax System of Care
P O Box 1199
Roanoke Rapids, NC 27870
252-533-2667

One Venture (Smoky Mountain System of Care)
PO Box 127
44 Bonnie Lane
Sylva, NC 28779
828-586-5501 ext.1210

Orange-Chatham System of Care
412-B Caldwell St.
Chapel Hill, NC 27516
919-913-4346

Halifax System of Care
Riverstone
P O Box 1199
Roanoke Rapids, NC 27870
252-533-2667

Public Schools of North Carolina, Department of Public Instruction
301 N. Wilmington St.
Raleigh, NC 27601
919-715-1565 (main number)

Local Parent Advocacy Groups

Family Support Network of Far Western NC
PO Box 1216
Murphy, NC 28906
828-837-3460

NAMI Young Families of Western NC
55 Wilkie Way
Fletcher, NC 28732
828-654-7143 (Diane Weaver)

FACT Family Outreach Coordinator (Terri Gosnell)

PO Box 6797
Mars Hill College
Mars Hill, NC 28754
828-689-1569

SUCCESS (GIFTTS Parent Support Group)

c/o The Mental Health Association in Greensboro
1004 N. Elm St.
Greensboro, NC 27401
336-373-1402

SEARCH (Support, Education, Advocacy and Resources)

PO Box 9
West End, NC 27376
910-673-7800 (Phyllis Kennedy, Family Advocate)

Richmond County Community Support Center (for Richmond and Montgomery Counties)

PO Box 1023
Rockingham, NC 28380
910-997-8440 (Marie Strom, Family Advocate)

Parent Training Coordinator, Sandhills Community College

3395 Airport Rd.
Pinehurst, NC 28474
910-685-3898 (Patricia Solomon))

National

Federation of Families for Children's Mental Health

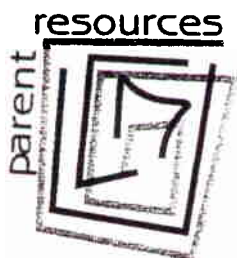
1021 Prince St.
Alexandria, VA 22314-2971
703-684-7710

National Alliance for the Mentally Ill – Child and Adolescent Network

2101 Wilson Blvd.
Arlington, VA 22209
800-950-6264

National Mental Health Association

1021 Prince St.
Alexandria, VA 22314-2971
800-969-6642



Acronyms

A

| | |
|------|---|
| ADD | Attention Deficit Disorder |
| ADHD | Attention Deficit Hyperactive Disorder |
| AG | Academically Gifted |
| AMI | Alliance for the Mentally Ill |
| ARC | Association for Retarded Citizens |
| AOC | Administrative Office of the Courts (state) |
| AOI | Assessment and Outcome Instrument |
| ASU | Appalachian State University |

B

| | |
|------|------------------------------------|
| BATC | Butner Adolescent Treatment Center |
| BED | Behavioral/Emotional Disorder |

C

| | |
|-------|--|
| CAFAS | Child and Adolescent Functional Assessment Scale |
| CASSP | Child and Adolescent Service System Program |
| CBCL | Child Behavioral Checklist |
| CC | Community Collaborative |
| CDC | Child Development Center |
| CEC | Council for Exceptional Children |
| CFP | Child and Family Plan |
| CFS | Child and Family Services |
| CFT | Child and Family Team |
| CMH | Child Mental Health |
| CMHC | Community Mental Health Center |

D

| | |
|------------------|---|
| DD | Developmental Disabilities |
| DEC | Developmental Evaluation Center |
| DHR | Department of Human Resources |
| DMH/DD/SA | Division of Mental Health, Developmental Disabilities, and Substance Abuse Services |
| DOC | Department of Correction (State) |
| DOH | Department of Health (County) |
| DPI | Department of Public Instruction (State) |
| DSDHH | Division of Services for the Deaf and Hard of Hearing (State) |
| DSM-IV | Diagnostic and Statistics Manual |
| DSS | Department of Social Services (State) |
| DWCH | Division of Women's and Children's Health (changed from Maternal and Child Health, 1997) (State) |
| DYS | Division of Youth Services (State) |

E

| | |
|-----------------|---|
| EBD | Emotionally or Behaviorally Disturbed |
| ECU | East Carolina University |
| ECU SSTC | East Carolina University Social Sciences Training Consortium |
| ED | Emotionally Disturbed |
| EMH | Educable Mentally Handicapped (sometimes EMR – Educable Mentally Retarded) |
| EPSDT | Early Periodic Screening, Diagnosis and Treatment |

F

| | |
|--------------|---|
| FAA | Families As Allies (affiliate of Federation of Families) |
| FACES | Families and Communities Equal Success (NC) |

| | |
|---------------|--|
| FACT | Families, Agencies, Community Together |
| FAPE | Free and Appropriate Public Education |
| FCAN | Families CAN |
| FES | Family Empowerment Scale |
| FSN | Family Support Network |
| FSQ | Family Satisfaction Questionnaire |
| G | |
| GIFTTS | Guilford Initiative for Training and Treatment Services |
| H | |
| HMO | Health Maintenance Organization |
| I | |
| ICC | Interagency Coordinating Council |
| IDEA | Individuals with Disabilities Education Act |
| IEP | Individualized Education Program |
| IFSP | Individual Family Services Plan |
| L | |
| LDA | Learning Disability Association (was ACLD) |
| LEA | Local Education Agency |
| LRE | Least Restrictive Environment |
| M | |
| MHA/NC | Mental Health Association in North Carolina |
| MR | Mental Retardation |

N

| | |
|------------------|--|
| NAMI-CAN | National Alliance for the Mentally Ill - Child Adolescent Network |
| NCAMI | North Carolina Alliance for the Mentally Ill |
| NCAMI-CAN | North Carolina Alliance for the Mentally Ill, Children & Adolescent Network |
| NIMH | National Institute of Mental Health |
| NMHA | National Mental Health Association |

O

| | |
|------------|--------------------------------------|
| ODD | Oppositional Defiant Disorder |
| OHI | Other Health Impaired |
| OT | Occupational Therapy |

P

| | |
|----------------|---|
| PACT | Parents & Children Together (or parent & child training) |
| PAL | Public-Academic Liaison |
| PEN-PAL | Pitt-Edgecombe-Nash-Public Academic Liaison |
| PMC | Project Management Committee (PEN-PAL) |
| PT | Physical Therapy |
| PTSD | Post Traumatic Stress Disorder |

Q

| | |
|-----------|----------------------------|
| QA | Quality Assurance |
| QI | Quality Improvement |

R

| | |
|--------------|---|
| ROLES | Residential Living Environment Placement Stability Scale |
| RRC | Regional Resource Centers (special education) |
| RSM | Regional Service Manager |

S

| | |
|--------|--|
| SED | Seriously Emotionally Disturbed |
| SMHA | State Mental Health Agency |
| SMHRCY | State Mental Health Representatives for Children and Youth |
| SSI | Supplemental Security Income |

T

| | |
|--------|--|
| T/HP | Treatment/Habilitation Plan (Willie M.) |
| TEACCH | Treatment and Education of Autistic and Related Communication Handicapped Children |
| TMH | Trainable Mentally Handicapped (also TMR) |

U

| | |
|--------|--|
| UNC-A | University of North Carolina - Asheville |
| UNC-CH | University of North Carolina - Chapel Hill |
| UNC-G | University of North Carolina - Greensboro |

V

| | |
|----|-----------------------------|
| VI | Visually Impaired (also VH) |
| VR | Vocational Rehabilitation |

W

| | |
|---------|--|
| WE CARE | With Every Child and Adult Reaching Excellence |
| WIC | Special Supplemental Food Program for Women, Infants, and Children |

Y

| | |
|-----|----------------------------------|
| YSQ | Youth Satisfaction Questionnaire |
| YSR | Youth Self Report |



Words to Know

Achievement Test

A test that measures what a child has learned. Scores are reported in age or grade equivalents.

Acting Out

Self-abusive, aggressive, violent and/or disruptive behavior.

Adaptive Behavior

A wide range of skills used by a child to meet his everyday needs.

Advocacy

The process of actively supporting the cause of an individual (case advocacy) or group (class advocacy), speaking or writing in favor of, or being intercessor or defender.

Affective Disorder

A disorder of mood (feeling, emotion). Refers to a disturbance of mood and other symptoms that occur together for a minimal duration of time and are not due to other physical or mental illness.

Anxiety Disorder

Exaggerated or inappropriate responses to the perception of internal or external dangers.

Appropriate Education

An individual education program specially designed to meet the unique needs of a child who has a disability.

Architectural Barrier

Any part of a building or grounds that keeps a handicapped person from having normal, easy access.

Assessment/Evaluation

All activities (tests, interviews, observations) to gather information leading up to writing a plan and placing a child in a special program.

Attachment Disorder

An attachment disorder is a condition in which individuals have difficulty forming loving, lasting, intimate relationships.

Attention Deficit Disorder

A developmental disability. Symptoms are inattentiveness and impulsiveness. In some cases hyperactivity is also a symptom (ADHD).

Autism

A severe and ongoing developmental disorder that affects communication and behavior. Some features are patterns of repeated movement, patterns of repeated speech, and erratic expression of emotions.

Behavior Modification

A method of changing behaviors by teaching and reinforcing new behaviors. Behavior modification is done by setting goals and using a specific plan to reach those goals.

Behavioral Objectives

Steps to reach goals. Describes what a child will be able to do and how he will learn to do it. Behavioral objectives also state how the learning will be measured and the criteria for success.

Behaviorally-Emotionally Handicapped

A handicap that involves how a person behaves and acts towards others. Some common symptoms are: cannot make or keep friends; does not act his age or in ways that fit the activity or situation; has general and ongoing moods of sadness or depression; has difficulty learning; has other personal or school-related problems.

Bipolar Disorder

A mood disorder with elevated mood usually accompanied by major depressive episodes.

Capitated Rates

Reimbursement by insurance companies to care providers that has a predetermined amount (cap) of dollars for rendered services.

Case Management

A service that helps clients get and coordinate community resources such as income assistance, education, housing, and medical care.

Child and Family Plan (CFP)

A comprehensive service plan for children with serious emotional problems and their families. The plan is based on family strengths and considers the goals and needs of the family.

Child and Family Team (CFT)

A group of selected people that meets with a child and family to set goals and plan services. The CFT is built around the family to make sure the family's unique needs are met. Team members, including the family, work together to write a Child and Family Plan that is based on what the family wants and needs.

Collaboration

A helping relationship between a family member and a professional in which the family and professional share power and responsibility.

Community-Based Services

The practice of having services as well as management and decision-making responsibility at the community level.

Conduct Disorder

Repetitive and persistent patterns of behavior that violate either the rights of others or age appropriate social norms or rules.

Confidentiality

Keeping information private. Allowing records or information to be seen or used only by those with legal rights or permission.

Consent

Giving approval or agreeing to something. For example, in education, a parent must give consent before a child can be evaluated or placed in a special program.

Continuum of Placement

A range of placements, ranging from "regular" or "normal" to most restrictive.

Cross-Categorical

Special education in which students receive services or are in the same classroom with students who have different types of disabilities.

Delinquency

Violation of law by a child or youth (usually under 18).

Depression

A type of mood disorder characterized by low or irritable mood or loss of interest or pleasure in almost all activities over a period of time.

Developmental Disorders

Disorders that have predominant disturbances in normal development of language, motor, cognitive and/or motor skills.

Dual Diagnosis

A diagnosis of an emotional disorder and another disorder such as developmental delay, drug and alcohol use or a mental illness.

Due Process Hearing

A formal legal proceeding presided over by an impartial public official who listens to both sides of the dispute and renders a decision based upon the law.

Emotional Disorder (or Disability)

Behavior, emotional, and/or social impairment exhibited by a child or adolescent that disrupts the child's or adolescent's academic and/or developmental progress, family, and/or interpersonal relationships.

Evaluation

See Assessment

Exceptional Children

All children who because of permanent or temporary mental, physical, or emotional handicaps need special education and related services to get an appropriate education in the public schools.

Family Advocate

A community resident and/or a family member of a child with serious emotional disturbance who provides support to families who enter the service delivery system. This support may be emotional support, education about services, assistance linking to and working directly with service providers, and advocacy within the service system to help families meet their individualized needs.

Free Appropriate Public Education (FAPE)

A legal guarantee that no child can be denied a public education because of a disability. The public education must be at no cost to parents, be based on the child's needs, and meet the standards of the state education agency.

Family Support Program

Programs available in the community that help children and their families so that children can remain in their homes, and all members of the family can live balanced, healthy lives.

Inclusion

An educational option for students with disabilities to be educated in a regular classroom in their neighborhood school with all necessary supports provided so that the student can participate fully.

Individualized Education Program (IEP)

A written plan for a child with special education needs. The plan is based on results from an evaluation and is developed by a team which includes the child's parents, teachers, other school representatives, specialists, and the child when appropriate.

Intelligence Quotient (I.Q.)

A score from a test of mental ability. I.Q. is found by relating the person's test score to his age.

Least Restrictive Environment

An educational, treatment or living situation that provides appropriate services or programs for a child with disabilities while imposing as few limitations or constraints as possible.

Mainstreaming

Placement of a child with a disability in the regular classroom for part of the school day.

Mental Illness

General term for severe emotional problems or psychiatric disorders.

Objectives

See Behavioral Objectives.

Related Services

Supports needed to help a child get the most from his special education. Related services are paid for by the public school. They include services such as speech and language therapy, transportation, physical therapy, and counseling.

Service Provider

Any person or agency giving some type of service to children or their families.

Support Services

Transportation, financial help, support groups, homemaker services, respite services, and other specific services to children and families.

Strengths Inventory

A set of questions to help people think and talk about their strengths such as what they like to do and what they do well.

Systems of Care

A wide range of mental health and other services organized into a coordinated network to meet the multiple and changing needs of children with emotional disorders.

Transition

The change from using children's services to using adult services, moving from one program to another, starting or leaving school, or other important life changes.

Wraparound Services

Service planning, coordination, and delivery to children and their families that is individually tailored to each family with the goal of keeping the family together in the community and keeping the child in a regular school setting.

Some of the information in this glossary is taken from the text of *Taking Charge*.